

# Child Care Bulletin

Issue 31

Spring 2006

## The Building Blocks of Care

**T**his issue of the *Child Care Bulletin* focuses on improving infant and toddler child care, an important and challenging issue for parents, caregivers, communities, and government. Approximately one out of every three children who receive care subsidized by the Child Care and Development Fund (CCDF) is younger than 3 years old. The Child Care Bureau is committed to ensuring all babies and toddlers are safe, healthy, and receiving the care they need to thrive and succeed in school and in life.



Shannon Christian,  
Associate Commissioner  
of the Child Care Bureau

The Child Care Bureau is dedicated to helping States and Territories build their capacity and infrastructure for infant and toddler child care. Each year, approximately \$100 million of CCDF funds are earmarked to increase the supply of quality child care for infants and toddlers. During the last three years, the Child Care Bureau has invested in targeted technical assistance to States with the creation of the National Infant & Toddler Child Care Initiative at ZERO TO THREE. We also have asked many of our other Child Care Technical Assistance Network partners to devote attention to the needs of infants and toddlers through regional and national conferences, in our research with the Child Care Policy Research Consortium, and now with this issue of the *Child Care Bulletin*, a joint effort of the National Infant & Toddler Child Care Initiative and the National Child Care Information Center.

We have engaged State and local partners, along with national organizations and funders, to discuss building a continuum of care for children from birth to 5 years, which meets the unique developmental needs of children at each point in their growth and development. We have sponsored two National Infant & Toddler Child Care Institutes to focus on the needs of babies and toddlers, and we have worked closely with our colleagues at the Head Start Bureau to bring increased attention to systems development issues at the annual Birth to Three Institute. The National Infant & Toddler Child Care Initiative is using a systems development approach guided by an *ecomodel* that is a framework for thinking about systems of care. This approach provides tremendous potential for seeing Early Head Start and other infant and toddler services as part of an integrated network of supports for babies, their families, and other caregivers.

The Child Care Bureau supports efforts to build a continuum of care at the State and local levels that offers a range of support to all those who care for children, including parents and relative caregivers. This could include an emphasis on educating parents, strengthening parents' roles, and reaching out to family members and friends who play a key caregiving role.

The Child Care Bureau's work to improve the quality of infant and toddler child care is built on the idea that there is a role for everyone—researchers, national organizations, funders, and State and community policy and program leaders. We challenge you to think about what you can do to improve the care of infants and toddlers, as well as support parents as primary caregivers and children's first teachers. As the CCDF and Temporary Assistance for Needy Families programs work more closely together to help low-income working parents and their children prepare for greater success in school and in life, we know we can count on your assistance, expertise, and creativity.

### Fast Fact

**An average of 492,000 children ages birth to 3 years are served each month by the Child Care and Development Fund.**



Source: Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, September 19). [Number of children ages birth to 3 served each month by CCDF]. Unpublished, and based on ACF-801 FFY 2003 CCDF data.



U.S. Department of Health  
and Human Services  
Administration for Children  
and Families  
Administration on Children,  
Youth and Families  
Child Care Bureau

# The National Infant & Toddler Child Care Initiative



National  
Infant & Toddler  
Child Care  
Initiative

@  
ZERO TO THREE

**T**he National Infant & Toddler Child Care Initiative at ZERO TO THREE, a project of the Child Care Bureau, was developed in 2002 to help State and Territory Child Care and Development Fund Administrators improve the quality of infant and toddler child care. Over the last three years, 20 States and Territories have worked with the Initiative, and the diverse group of experts advising the project, to develop a systemic approach focusing on the needs of children younger than 3 years. An external evaluation was a critical component of the project's design and assisted both the national staff and the State teams in focusing their efforts and moving forward. Supported by the Initiative's technical assistance, including Child Care Bureau-sponsored national meetings, participating States and Territories have developed short- and long-term improvement plans, and have already accomplished the following:

- Developed new licensing regulations for infant and toddler care;
- Created early learning guidelines for children younger than 3 years;
- Evaluated professional development systems to improve training for infant and toddler caregivers;
- Developed infant and toddler credentials articulated to, or counting toward, associate and bachelor degrees;
- Built and strengthened infant/toddler specialist networks;
- Developed public awareness efforts;

- Explored financing options; and
- Developed outreach efforts for new parents.

In 2005, the Initiative began the second phase of the project and is working with States, Territories, and other partners through Learning Communities and other approaches to develop a deeper knowledge of specific elements of the early care and education system which support quality infant and toddler child care.

The Initiative's Web site is an important tool for States and Territories as they work to improve the quality and supply of infant and toddler child care. Online resources include profiles for all States and Territories and information on babies, toddlers, their families, and the child care system that serves them. The site also includes a searchable database with information on infant and toddler child care initiatives across the country, along with fact sheets, presentations, issue briefs, and other resources. Visit <http://nccic.acf.hhs.gov/itcc> to access these resources.

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# A System Model Approach to Infant and Toddler Child Care

When Juanita opens the door of her child care program every morning, her thoughts are on the children, the teachers, the families, and making her business work. After Calvin hands his baby daughter to Juanita, he is able to head to work with confidence that while he is away, his child can be happy, healthy, and secure.

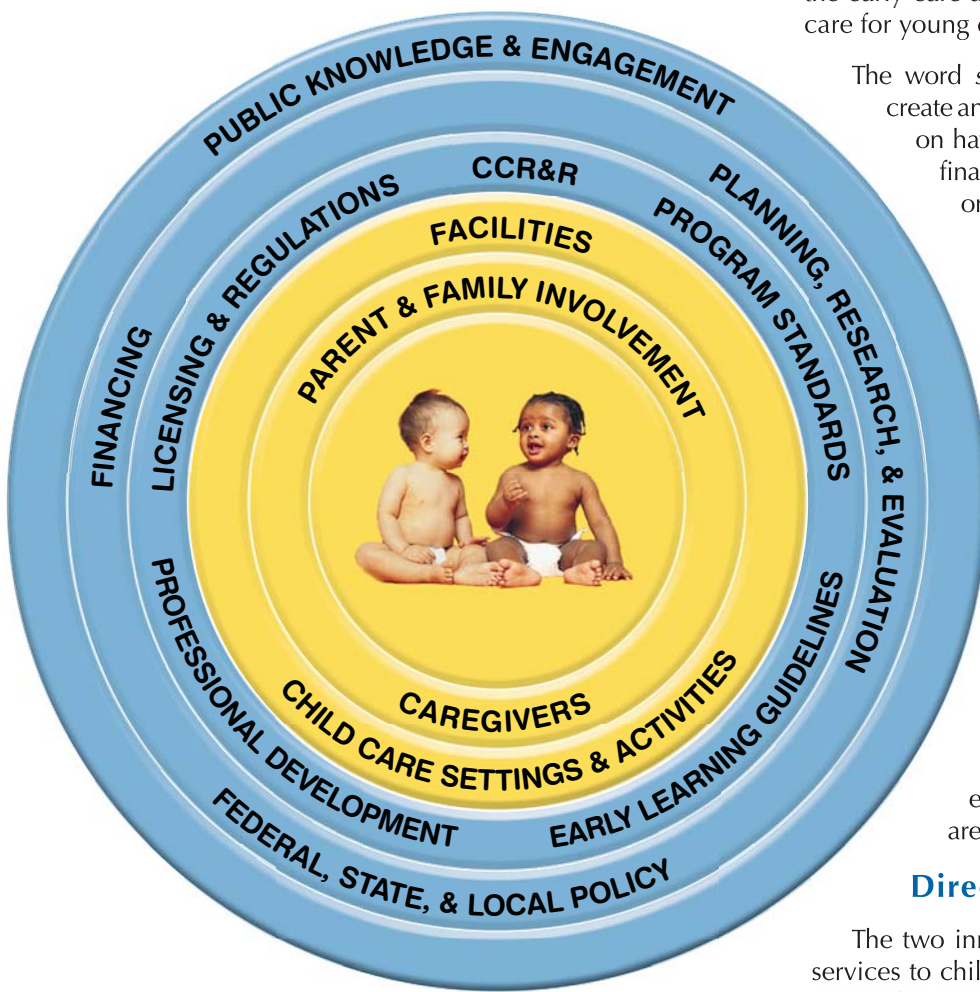
Juanita's program is supported by a variety of policies, regulations, resources, and learning opportunities that contribute to the quality care she provides. Calvin has support to help pay the fee for child care because of the availability of child care subsidy funding, and he found a high-quality program with the help of his local child care resource and referral agency. These elements are part of the early care and education system that supports quality care for young children and their families.

The word *system* describes how elements needed to create and maintain the child care services we depend on have been brought together through planning, financing, and effective policy-making. Building on earlier work, the National Infant & Toddler Child Care Initiative at ZERO TO THREE has created an *ecomodel* that depicts a system that supports quality infant and toddler child care.<sup>1-3</sup>

Fourteen key elements are included within the system model. At the center of the system is the baby, emphasizing that the purpose of the system is to ensure each infant or toddler is safe, healthy, nurtured, nourished, and engaged in activities that promote healthy development when in non-parental care. The elements are placed on different rings—the closer to the center, the more direct impact the element has on infants and toddlers. The layering of the rings shows that the elements each affect, and are affected by, the others and are also interdependent to varying degrees.

## Direct Services and Infrastructure

The two inner rings of the ecomodel represent direct services to children and families. The innermost ring represents the need for caregivers to be knowledgeable, connected to resources, and active in ongoing professional development. This same ring represents the need for parents to have good information on infant and toddler development and to participate in the planning and system development efforts of programs that serve their children. The next concentric ring signifies the contribution of positive caregiver-baby relationships and interactions, the facilities, and program activities to a program's quality.



INFRASTRUCTURE

DIRECT SERVICES





In order for the direct services to meet the needs of infants and toddlers, there must be an infrastructure, represented by the three outer rings. For example, Juanita and her staff are knowledgeable about quality because they follow licensing and other regulations and advance their own continual professional development. They utilize the program standards that describe quality in program policies and environments, as well as early learning guidelines that help them understand how babies learn and what they can do to promote that learning.

The two outer rings include elements that may be less visible to Calvin or Juanita. Planning, research, and evaluation provide the information needed to make wise decisions in developing Federal, State, and local policies. These policies address issues such as requirements for teacher training, group sizes, ratios, and how quality efforts will be supported. The outermost ring represents public knowledge and engagement, which underscores the influence of the public, both as consumers who demand quality and as champions of public policies that promote quality infant and toddler care.

This model draws attention to the many important programs and services and levels of systemic support. Collaboration is a critical element that can bring all of the components together into a cohesive, efficient, and effective early care and education system that meets the needs of infants and toddlers.

#### References

<sup>1</sup> Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge: Harvard University Press.

<sup>2</sup> Kagan, S. L. (2001). *Back to basics: Essential components of an American early care and education system*. Albany, NY: New York State Department of Education.

<sup>3</sup> Kagan, S. L., & Cohen, N. E. (1997). *Not by chance: Creating an early care and education system for America's children*. Retrieved October 30, 2005, from <http://nccic.acf.hhs.gov/pubs/bychance/index.html>.

For full description of the ecomodel and key elements, visit the National Infant & Toddler Child Care Initiative Web site at <http://nccic.acf.hhs.gov/itcc>.

## Find Out How States and Territories Are Improving Infant and Toddler Services

The Child Care Bureau is pleased to announce the release of the *Child Care and Development Fund Report of State and Territory Plans, FY 2006-2007*. This Report includes a summary of how States and Territories are using CCDF funds to improve services for infants and toddlers and their families.

Look for this Report in the Child Care and Development Fund State Plan Resources section of the National Child Care Information Center's Web site at <http://nccic.acf.hhs.gov/pubs/stateplan/stateplan-intro.html> or call 800-616-2242 or e-mail [info@nccic.org](mailto:info@nccic.org) to order a copy.

# A Planning Approach for Early Care and Education System Change

**T**he National Infant & Toddler Child Care Initiative helps States and Territories assess how their early care and education system meets the needs of infants and toddlers and helps them create realistic goals and plans for improvement. The followings are examples of how two States are improving the early care and education system to support infant and toddler care with help from Initiative staff.

## West Virginia

Recently, West Virginia started working to advance the professional development of infant and toddler providers with the creation of the West Virginia Infant/Toddler Professional Development Program for Caregivers.

This new program, which was redesigned based on work between the State and Initiative staff, is framed around the previous system and funded by the Child Care and Development Fund infant and toddler quality earmark. It is a comprehensive, competency-based program developed for trainers, administrators, and caregivers and builds on the previous One Step at a Time curriculum. The following are the primary program components:

- A 50-hour training program for caregivers;
- Performance measurement, including onsite follow-up and use of the Infant-Toddler Environment Rating Scale-Revised; and
- Incentives, including stipends upon training completion, funding for child care setting materials, and rewards to centers to pay substitute staff who cover for training participants.

The program currently is being piloted in two West Virginia regions and is expected to be implemented Statewide in May or June 2006.

*For more information about infant and toddler care in West Virginia, visit the Initiative's Web site at <http://nccic.acf.hhs.gov/itcc/states/WestVirginia.htm>.*

*The information on West Virginia is based on an interview with Ann Nutt, Director of Early Care and Education Initiatives, Division of Early Care and Education, West Virginia Department of Health and Human Services.*

## Michigan

The Initiative has worked with the Michigan Infant Toddler Child Care Team, which is composed of members from within and outside the State government. Team members



met monthly in order to accomplish their proposed goals, which included the following:

- Understand and articulate the infant and toddler component of the early care and education system;
- Complete and implement a strategic plan;
- Increase training availability;
- Improve licensing standards;
- Form stable, collaborative relationships; and
- Develop a systemic approach to addressing infant and toddler needs.

As a result of the State planning process, Michigan completed a revision of its licensing regulations for center-based and family child care. The new regulations emphasize improving care for infants and toddlers through lower ratios and smaller group sizes, requiring continuity of care and

primary caregiving, instructing providers on safe sleeping arrangements, and helping to support breastfeeding.

For additional information about Michigan infant and toddler care, visit the Initiative's Web site at <http://nccic.acf.hhs.gov/itcc/states/Michigan.htm>.

## The System-Improvement Planning Process

The Initiative's system-improvement planning process can help other States and Territories improve infant and toddler care as well. The following illustrates the overall planning improvement process.

One of the first steps is for the State or Territory to establish an Infant Toddler Child Care Team to work with the Initiative. This team meets to improve the supply and quality of child care for infants and toddlers and acts as the voice for this age group within the larger early care and education system. The State or Territory Infant Toddler Child Care Team is convened by the Child Care and Development Fund Administrator and guided by a designated team leader.

Team members are chosen for the following characteristics:

- Authority to affect change and access to resources which support change;
- Expertise to ensure proposed changes are research based;
- Knowledge on a wide range of issues impacting infants and toddlers; and
- A desire to improve the conditions of out-of-home care for very young children.

Before meeting with the team, Initiative staff thoroughly research the State's or Territory's demographic data regarding infants and toddlers and their families, and conducts telephone interviews with potential team members to identify a wide variety of local and Statewide/Territory-wide initiatives in process. The information is compiled and presented to the team, helping them determine the strengths and needs of the existing system. The team meets to prioritize goals and specifies actions to achieve those goals, taking into account potential resource and time constraints.

With help from Initiative staff, the team can accomplish the following planning steps:

- Draft a detailed description of current and former initiatives for infants and toddlers;
- Prioritize areas of greatest need and, within those areas, identify those priorities most likely to have significant impact on improving the system;
- Reach consensus about how to address the unmet needs, given available time and resources;
- Develop and implement plans for achieving the team's goals; and
- Meet regularly to share progress and overcome barriers, reflect on the process, and support evaluation of the impact.

For more information about the Initiative's work with States and Territories, visit the State Information section of the Initiative's Web at <http://nccic.acf.hhs.gov/itcc/states/index.htm>.

### **Fast Fact**

**Fifty-eight percent of mothers with children younger than 3 years are in the workforce.**

Source: Bureau of Labor Statistics, U.S. Department of Labor. (2005, June). Table 6. Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status. In *Employment Characteristics of Families Summary, Current Population Summary*. Retrieved February 28, 2006, from [www.bls.gov/news.release/famee.t06.htm](http://www.bls.gov/news.release/famee.t06.htm)





# Federal and State Policy Affect Infant and Toddler Child Care

**F**ederal and State policies are composed of a set of interrelated principles, plans, and actions that impact the quality, affordability, and accessibility of infant and toddler child care. At the Federal level, Temporary Assistance for Needy Families (TANF) and Child Care and Development Fund (CCDF) regulations were established to maximize States' flexibility to administer and implement child care subsidy programs.

The following are examples of such policies:

- TANF regulations permit States to exempt parents with children younger than 1 year old from work requirements for the first year of their child's life (subject to a 12-month lifetime limit) and permit States to exclude the parents from calculations of State work participation rates. For additional information and State definitions, see *Office of Family Assistance, Temporary Assistance for Needy Families (TANF) Sixth Annual Report to Congress*, available on the Web at [www.acf.hhs.gov/programs/ofa/annualreport6/ar6index.htm](http://www.acf.hhs.gov/programs/ofa/annualreport6/ar6index.htm).
- States have the flexibility to determine how the Federal dollars can be used best to meet the child care needs of families with infants and toddlers by establishing eligibility criteria for child care subsidy, reimbursement rates for providers who participate in the subsidy system, and rates of payments that families may be required to pay. These rules play an important role in determining if child care will be available to families with subsidies. For additional information about CCDF, visit the Child Care Bureau's Web site at [www.acf.hhs.gov/programs/ccb/geninfo/index.htm](http://www.acf.hhs.gov/programs/ccb/geninfo/index.htm). For additional information about State use of CCDF funds, see the Child Care and Development Fund State Plan Resources section of the National Child Care Information Center (NCCIC) Web site at <http://nccic.acf.hhs.gov/pubs/stateplan/stateplan-intro.html>.
- Several States have implemented a policy strategy that combines financing, quality, and accountability goals to create Quality Rating Systems (QRS). Policies that support QRS often are aligned with licensing



standards and State or national program standards, such as accreditation. In some States, QRS are linked to the subsidy system so that higher provider payment rates are tied to higher ratings of quality. According to information compiled by NCCIC, as of June 2005, 11 States have a QRS. For more information about QRS, visit NCCIC's Web site at <http://nccic.acf.hhs.gov/poptopics/index.html#QRS>.

## **Fast Fact**

**In 2005, 45 percent of all parent requests for child care received by child care resource and referral agencies were for infant and toddler care.**



Source: National Association of Child Care Resource and Referral Agencies. (2005). *State-by-state profiles of child care in the United States*. Retrieved December 13, 2005, from [www.nacccra.org/data/](http://www.nacccra.org/data/)

# Public Awareness and Engagement

## Spreading the News Makes a Difference

**P**arents, providers, policy-makers, and the public each play an important role in helping ensure all babies and toddlers have good health, strong families, and positive early learning experiences. For example, public engagement campaigns that present information about brain development research can increase the public's awareness that early childhood development is an authoritative science, and that young children's experiences, interactions, and relationships help shape the "architecture" of their brains, providing foundations for lifelong learning and development. This awareness leads to greater support for parents as their children's first and most important teachers and caregivers, greater recognition of why high-quality infant and toddler child care is good for children, and greater public support for improvements to the early care and education system.

Examples of public awareness and engagement campaigns:

- The Centers for Disease Control and Prevention's **Learn the Signs, Act Early** ([www.cdc.gov/ncbddd/autism/actearly/default.htm](http://www.cdc.gov/ncbddd/autism/actearly/default.htm)) helps parents understand developmental milestones and the importance of acting early when a possible delay is noticed.
- ZERO TO THREE and Johnson & Johnson Pediatric Institute's **The Magic of Everyday Moments National Education Campaign** ([www.zerotothree.org/magic/](http://www.zerotothree.org/magic/)) gives parents and caregivers ideas on how to use simple, everyday moments to promote children's social, emotional, and intellectual development.
- United Way, the Ad Council, and Civitas' **Born Learning** ([www.bornlearning.org](http://www.bornlearning.org)) campaign shows parents, caregivers, and communities how to create quality early learning opportunities for young children.
- **Better Baby Care**—a national initiative to encourage and support States, Tribes, and local communities to promote the healthy development of babies, toddlers, and their families—has generated activities in 31 States, the District of Columbia, and 10 national organizations since its inception in 2001. One of these is the **Iowa Better Baby Care Campaign**, launched by the Iowa Child Care & Early Education Network with funding from the Iowa Department of Human Services. Television and radio public service announcements (PSAs), outdoor ad spaces, and a Web site were created for this public awareness campaign. The messages focus on the critical early learning years



and the importance of having well-educated staff caring for young children. The television and radio PSAs are available on the Web at [www.IABabies.org](http://www.IABabies.org). The success of the Better Baby Care Campaign across the country has led to the creation of the ZERO TO THREE Policy Network, which helps States and communities be informed and connected and take action on behalf of infants and toddlers. For more information, visit <http://zerotothree.org/policy>.

- **You're It** ([www.youre-itaz.org](http://www.youre-itaz.org)) is a Statewide campaign to increase awareness and engagement of the importance of investing in quality early learning for Arizona's children ages 0 to 6 years. The goal of the campaign is to generate new resources and support, ensuring Arizona's children are healthy, happy, and entering school ready to succeed.
- KCTS/Seattle Television and PBS, with help from Talaris Research Institute, developed **Parenting Counts: A Focus on Early Learning** ([www.talaris.org/parentingcounts.htm](http://www.talaris.org/parentingcounts.htm)), which provides best-parenting practices and research-based information about how very young children think, feel, and learn.

The Child Care Bureau has assembled a list of State and national early care and education PSAs, which is available on the National Child Care Information Center's Web site at <http://nccic.acf.hhs.gov/poptopics/psas.html>.



# States Can Help Guide Development

Following the successful development of preschool early learning guidelines (ELGs), a key goal in President Bush's *Good Start, Grow Smart*<sup>1</sup> initiative, almost half of the States and Territories also are developing ELGs for infants and toddlers. ELGs communicate information about what young children generally can be expected to know, understand, and be able to do and often are linked to curricula or activity guidelines for adults to use in supporting their development. Many States and Territories are using ELGs to help inform parents and caregivers about their interactions with babies.

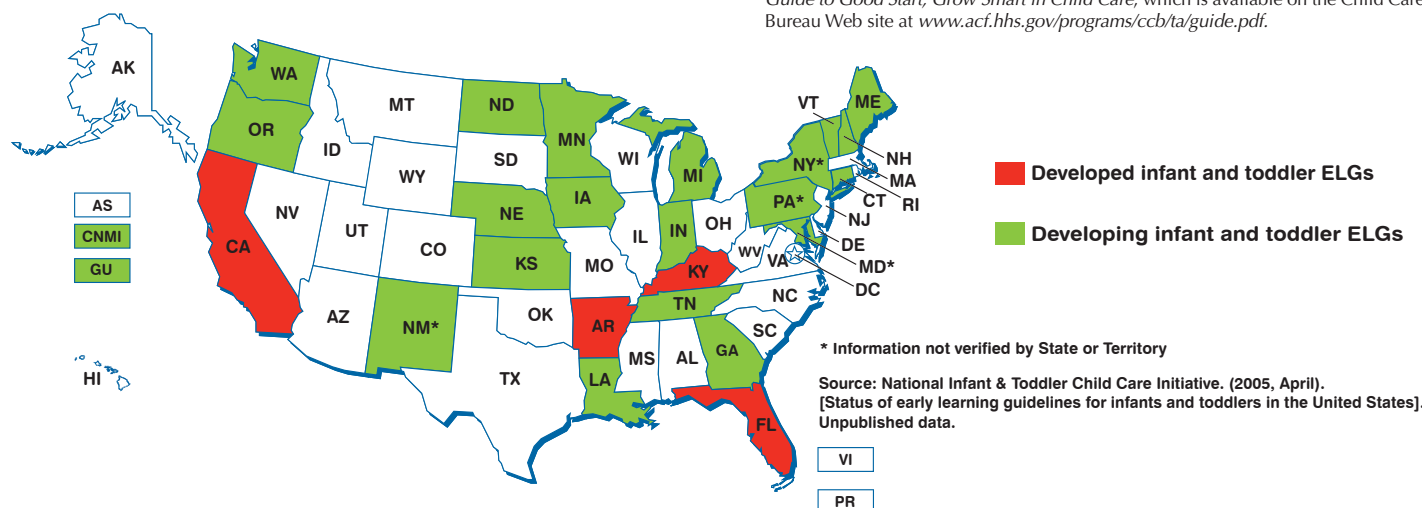
## Guiding Principles:

ELGs for infants and toddlers should describe our current, scientific understanding of learning in this age range.

Scientists are studying how babies develop relationships, acquire language, and learn about behavior and the properties of objects. ELGs must address that learning in infancy is holistic, predominantly through the senses, and overlaps all the domains. Reviewing research helps States and Territories base their work on scientific findings, ensuring guidelines provide a solid framework for supporting development.

*Kentucky's Early Childhood Standards* provides a description of how current research guided the State's work. This document is available on the Kentucky Department of Education Web site at [www.education.ky.gov/KDE/Instructional+Resources/Early+Childhood+Development/Kentucky's+Early+Childhood+Standards.htm](http://www.education.ky.gov/KDE/Instructional+Resources/Early+Childhood+Development/Kentucky's+Early+Childhood+Standards.htm).

## Status of Early Learning Guidelines for Infants and Toddlers in the United States



**ELGs for infants and toddlers should emphasize the responsibility of adults for supporting early learning; providing responsive, ongoing relationships; and maintaining engaging environments.**

Adults are responsible for providing learning opportunities and supporting the baby's interests and efforts. Like preschool teachers who are trained to work with 3-, 4-, and 5-year-olds, infant and toddler teachers need to have training specific to the needs and capabilities of children from birth through age 3 years.

Georgia's ELGs for infants and toddlers cover the developmental domains for each age range. *Growing Smart and Healthy Babies: Voluntary Guidelines for Measuring the Quality of Infant and Toddler Care* is available on the Georgia Department of Human Resources Web site at <http://health.state.ga.us/pdfs/familyhealth/hccg/growing-healthy-smart.0103.pdf>.

**ELGs for infants and toddlers should assist early care and education systems in responding to the needs of infants and toddlers.**

ELGs should be written clearly and include meaningful examples so parents and caregivers can use them in everyday situations. Written materials, training, and other means of dissemination and implementation should be part of the planning from the start.

Arkansas, one of the first States to write and implement infant and toddler guidelines, offers workshops for parents and providers. Providers may take a 30-hour course, and are provided with a guide for families called *Picture This!*, which includes vignettes to help parents identify and support children's development. Information is available on the Arkansas Department of Human Services Web site at [www.arkansas.gov/childcare/bench.pdf](http://www.arkansas.gov/childcare/bench.pdf).

<sup>1</sup> *Good Start, Grow Smart* is President Bush's initiative to help States and Territories and local communities strengthen early learning for young children. The goal is to ensure that young children enter kindergarten with the skills they will need to succeed at reading and other early learning activities. Additional information is available in *A Guide to Good Start, Grow Smart in Child Care*, which is available on the Child Care Bureau Web site at [www.acf.hhs.gov/programs/ccb/ta/guide.pdf](http://www.acf.hhs.gov/programs/ccb/ta/guide.pdf).

# Money Matters...

## Funding for Infant and Toddler Child Care

**S**tates and Territories use multiple financing strategies to increase the availability, improve the quality, and build the infrastructure to support the delivery of child care services for infants and toddlers.

Strategies include the following:

- Effective use of the Child Care and Development Fund (CCDF) infant and toddler earmark and other quality investments;
- Developing public/private partnerships to improve services for infants and toddlers and their families; and
- Creating a funding system that integrates funding for early care and education services for children from birth through prekindergarten.

### Strategic and Effective Use of CCDF and the Infant and Toddler Earmark

CCDF provides funding to States and Territories to subsidize the cost of child care for low-income families and families receiving public assistance or transitioning from public assistance to work or training. States and Territories are required to spend a minimum of 4 percent of CCDF expenditures on quality activities. Additionally, the CCDF infant and toddler earmark provides approximately \$100 million each year for States and Territories to increase the supply of quality child care for infants and toddlers. States and Territories are using the infant and toddler earmark to implement a range of system improvements, including professional development initiatives that provide training, credentialing, and compensation for infant and toddler programs and providers; developing supports for family, friend, and neighbor care; creating infant/toddler specialist networks; and developing early learning guidelines. For more information about how CCDF supports infants and toddlers, see page 11.

The following are examples of how some States use CCDF quality earmark funds:

- **First Steps** ([http://jfs.ohio.gov/cdc/docs/First\\_Steps.pdf](http://jfs.ohio.gov/cdc/docs/First_Steps.pdf)) is the Ohio Bureau of Child Care and Development initiative to create an infrastructure of infant/toddler specialists and services that support the emerging



needs of Ohio's youngest and most vulnerable learners. First Steps is managed by the Ohio Child Care Resource and Referral Agency. Twelve infant/toddler specialists were hired and placed in the resource and referral agencies across the State.

- Montana provides professional development opportunities for current and potential infant and toddler caregivers and implemented an **Infant/Toddler Merit Pay** program ([www.montana.edu/wwwecp/grants.html](http://www.montana.edu/wwwecp/grants.html)) to promote professional development for infant and toddler caregivers. Merit Pay awards serve as incentives for early childhood practitioners to pursue education and training that will help them improve the quality of services provided to young children and families.

Other system efforts supported with earmark funds include quality improvement grants, higher reimbursement rates for infant and toddler care, and evaluation and planning initiatives.

## Development of Public/Private Partnerships

Successful collaborations with private organizations and foundations provide additional support for infant and toddler child care system improvements.

The following is an example of how some States collaborate with organizations and foundations:

- Minnesota, North Dakota, and South Dakota combine CCDF and funding received from the Archibald Bush Foundation to improve the quality of infant and toddler child care through Statewide planning, training, and professional development.

## Integrating Funding Across a Range of Birth to 5 Services

States use a variety of mechanisms to integrate funding for programs that serve infants and toddlers within and across birth to 5 systems. These strategies help build a durable, coordinated system to meet the needs of young children and their families.

- The Illinois General Assembly established the **Illinois Early Childhood Block Grant** to provide preschool for children at risk for school failure, and created a set-aside for programs serving infants, toddlers, and their families. The set-aside is currently 11 percent of the \$273 million block grant.
- California's 1998 **Children and Families Act** allocates approximately \$700 million of tobacco taxes each year to a State Children and Families Commission and 58 county commissions. The funds are used for children from birth to 5 years. Fresno County has made quality infant and toddler care a priority, and Los Angeles County is developing a prenatal to 3 years focus area with a program to provide early developmental screening.
- Kansas transferred Temporary Assistance for Needy Families funds to CCDF to expand Early Head Start services across the State, aiming to maximize the availability and improve the quality of community-based child care for infants and toddlers and to improve professional development opportunities for early child care professionals.

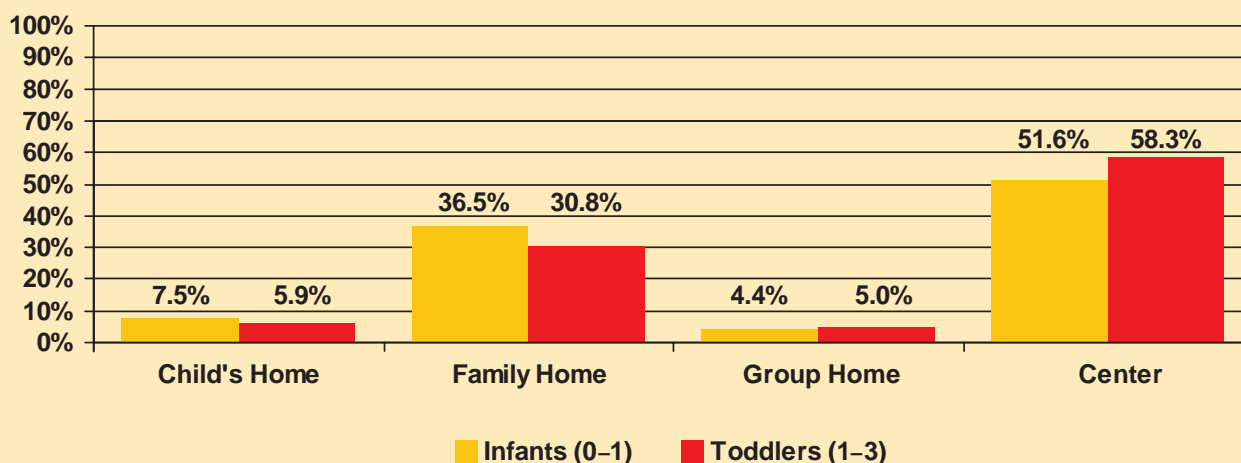
*Additional information about financing is available on the National Child Care Information Center's Web site at <http://nccic.acf.hhs.gov/poptopics/funding.html>.*

# CCDF Supports Infants and Toddlers

The following graph illustrates how States and Territories use funding from CCDF for infant and toddler care.

## Infants and Toddlers Served by CCDF

Type of Care Where CCDF Dollars Are Used



Source: Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, September 19). [Type of care where CCDF dollars are used]. Unpublished, and based on ACF-801 FFY 2003 CCDF data.



# Caregiver Professional Development Knowledge That Lasts a Lifetime

**T**he first three years of life are a crucial time of development, affected by the quality of relationships and interactions with others. Caregiver education is one of the strongest indicators of quality care. Research has shown that specialized training has a positive effect on the quality of caregiver-child interaction. Research also has shown that providers with education are more likely to stay in the field, enabling consistent relationships which support children's interest in exploration, pleasure in play, and ability to manage stressful and challenging situations.<sup>1-4</sup>

Across the country, the capacity to offer specific training and education for infant and toddler caregivers is growing. More than 90 percent of the States and Territories use the Child Care and Development Fund infant and toddler earmark for professional development—often targeting infant and toddler caregivers, who may not be required to possess educational qualifications specific to this age group. A professional development system that serves the needs of infant and toddler professionals and results in higher-quality care provides continual opportunities for education and support, is aligned with State-established and often national standards, and includes mechanisms for evaluation and quality assurance.

## A Foundation of Standards

States and Territories have developed three categories of standards that form the foundation of a professional development system:

- **Core knowledge and competencies** describe what caregivers should know and be able to do at different levels of employment responsibility.
- **Program standards** identify ways of structuring the care and learning environment, include health and safety requirements, and shape important program policies.
- **Early learning guidelines** describe what infants and toddlers generally can be expected to know, understand, and be able to do, and often are linked to curriculum guidelines for adults to use in supporting their development.



Requirements for Center Staff Working with Infants and Toddlers	# of States
State requires preservice training on infant and toddler care and/or experience with the age group	13
State requires hours of annual ongoing training on infant and toddler care	6
State has requirements on staff supervision of infants and toddlers	43
State requires primary caregiver assigned to infants and toddlers	23

Source: Preliminary data from the 2005 Child Care Center Licensing Study by the National Association for Regulatory Administration (NARA) and the National Child Care Information Center (NCCIC), which will be published in 2006. NARA and NCCIC will release the 2006 Family Child Care Licensing Study in 2007.

## Providing Educational Opportunities and Support

Many States are creating an infrastructure for professional development through the following ways:

- Establishing infant/toddler specialist networks;
- Providing onsite coaching or mentoring;
- Developing fully articulated training and education that leads to infant and toddler credentials and degrees; and
- Offering incentives and compensation for increased competencies and higher-quality care.

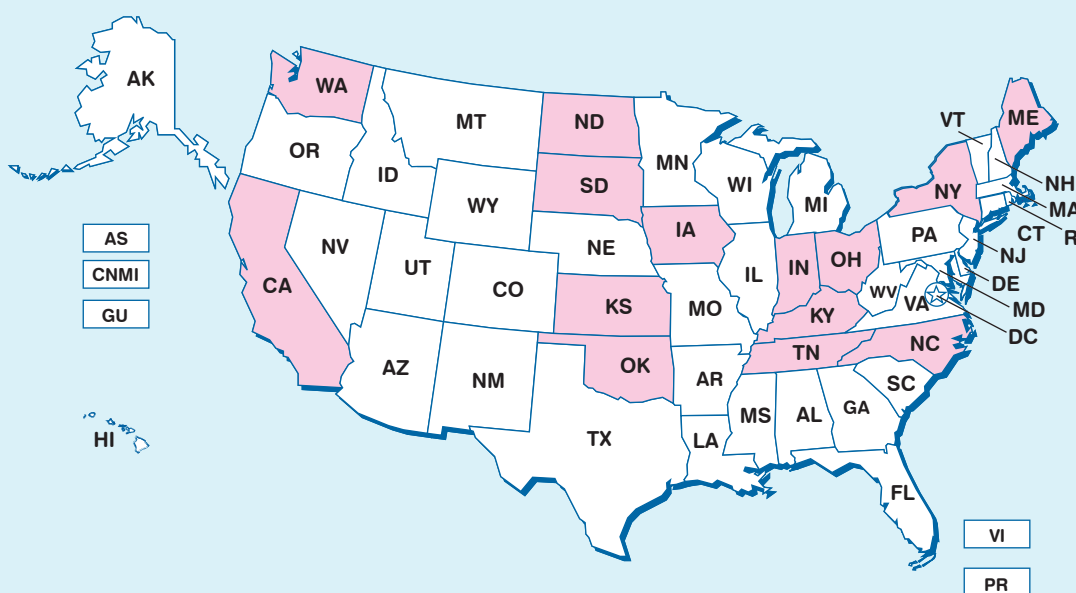
## References

- <sup>1</sup> Shonkoff, J. P., Phillips, D. A. (Eds.), & the Committee on Integrating the Science of Early Childhood Development. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
- <sup>2</sup> Clarke-Stewart, K. A., Lowe-Vandell, D., Burchinal, M., O'Brien, M., & McCartney, K. (2002). Do regulable features of child-care homes affect children's development? *Early Childhood Research Quarterly*, 17(1), 52–86.
- <sup>3</sup> Honig, A. S., & Hirallal, A. (1998). Which counts more for excellence in childcare staff: Years in service, education level, or ECE coursework? *Early Child Development and Care*, 145, 31–46. EJ 580 288.
- <sup>4</sup> Zahn-Waxler, C., & Radke-Yarrow, R. (1990). The origins of empathic concern. *Motivation and Emotion*, 14, 107–130.

## Infant/Toddler Specialist Networks

Infant/toddler specialist networks are a relatively new and promising strategy that States have implemented to improve the quality of child care and support the healthy development of infants and toddlers. Infant/toddler specialists provide support to the infant and toddler field through a variety of approaches, which may include program assessment, coaching and mentoring, consultation, training, and technical assistance. Although the networks are frequently housed in child care resource and referral agencies, some States place these specialists in other State organizations, such as public health departments and higher education institutions. States often employ or contract for infant/toddler specialist network coordinators to provide oversight of the networks. The National Infant & Toddler Child Care Initiative is developing materials to help organizations with the process of developing infant/toddler specialist networks. For more information, contact the Initiative at 202-857-2673 or itcc@zerotothree.org.

### States with Networks of Infant/Toddler Specialists



Source: The National Infant & Toddler Child Care Initiative. (2005, April). [State networks of infant and toddler specialists]. Unpublished, and based on FY 2004-2005 CCDF and Better Baby Care Campaign data.

# Protecting Infants and Toddlers from Harm

## Preliminary Data from the 2005 Child Care Center Licensing Study

**S**tate child care licensing regulations provide a baseline of protection for the health and safety of children in out-of-home care. Licensing rules seek to prevent various forms of harm to children and represent the required level of quality in each State. With the care of infants and toddlers, strong rules are vital to protect children during this vulnerable time of growth and brain development.

Included is information from the 50 States and the District of Columbia with a focus on requirements for center-based care. While it is known that infants and toddlers often are cared for in family child care homes, data on family child care regulations are not available at this time. The National Association for Regulatory Administration (NARA) and the National Child Care Information Center (NCCIC) will conduct a 2006 Family Child Care Licensing Study, which will be released in 2007.<sup>1</sup>

### State Infant and Toddler Care Requirements

Forty-eight States have requirements that address the care of infants and/or toddlers. Most States incorporate these requirements into their child care center regulations; however, three States—California, Hawaii, and Montana—have a separate set of regulations for infant and toddler care programs. These requirements apply to many aspects of infant and toddler care, such as primary caregiving and supervision, feeding, diapering, and activities and equipment appropriate for this age group.

- Forty-three States have requirements on the **supervision** of infants and toddlers beyond the required child-staff ratio and group size (see table on page 15) and often mandate centers to

ensure that infants and toddlers are watched closely during play, do not spend long time periods in cribs, and/or are allowed to explore their environment.

- The relationships infants and toddlers form with their caregivers are predictors of positive development. At this time, 23 States require centers to assign a consistent, **primary caregiver** to each infant and/or toddler.
- Forty-seven States have requirements for centers on **feeding** infants, such as how formula and baby food should be prepared and stored and how caregivers should hold and interact with infants during feeding times.
- Protecting the health of infants and toddlers is often seen in **diapering** routines. Of the 46 States that have requirements for centers on this issue, 30 specify when a caregiver must change a child's diaper (i.e., check on a certain time interval or in response to signals from the child), 42 have requirements on



<sup>1</sup> The information presented in this article is preliminary data from the 2005 Child Care Center Licensing Study, which will be published in 2006. NARA and NCCIC are collaborating to produce the Child Care Licensing Studies, continuing the work of the Children's Foundation, which conducted these studies for the past 20 years. State child care licensing regulations are available on the National Resource Center for Health and Safety in Child Care and Early Education Web site at <http://nrc.uchsc.edu/STATES/states.htm>.



discarding soiled diapers, and 39 States require caregivers to sanitize the diapering area after each use. Only four States require caregivers to wear gloves for diapering.

- Licensing regulations typically do not mandate the type of curriculum that programs must use, but often have requirements on the **activities** programs must provide for children of different age groups. Thirty-nine States require child care centers to provide activities specifically for infants and toddlers.
- Child care programs must also have **equipment and materials** that are appropriate for the age groups of children in care. Forty-three States specify that centers must have equipment specifically for infants and toddlers, such as cribs, high chairs, appropriate toys, and other materials. To protect the safety of infants and toddlers, 27 States specifically prohibit the use of stackable cribs; one State requires the use of open-top cribs.

### States Take Measures to Prevent Sudden Infant Death Syndrome (SIDS) through Regulation

- Twenty-four States require infants to be placed on their backs to sleep;
- Twenty States allow physician authorization for different sleep positions;
- Five States allow parent authorization for different sleep positions;
- Seventeen States prohibit soft bedding/materials in cribs; and
- Six States require caregivers to complete training on SIDS prevention.

## Infant and Toddler Child-Staff Ratios and Group Size Requirements

*Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home, 2<sup>nd</sup> Edition* (CFOC) includes a set of recommended child-staff ratios and group sizes for different age groups cared for in child care centers. Ratios are the number of children that can be supervised by one adult. Group size is the maximum number of children assigned to specific staff and who can occupy one physical space.

The following table shows the number of States that have required child-staff ratios and maximum group sizes for infants and toddlers that meet the CFOC performance standards. Also shown are the most common child-staff ratios and group size requirements in State licensing regulations for centers.

Age of Children	CFOC Ratio Standard <sup>1</sup>	# States Meeting Standard <sup>2</sup>	Most Common Required Ratios <sup>2</sup>	CFOC Group Size Standard <sup>1</sup>	# States Meeting Standard <sup>2</sup>	Most Common Required Group Sizes <sup>2</sup>
6 weeks	3:1	3	4:1 (34 States)	6	1	8 (18 States)
9 months	3:1	3	4:1 (33 States)	6	1	8 (18 States)
18 months	4:1	13	6:1 (14 States)	8	8	Not Regulated (14 States)
27 months	4:1	3	6:1 & 10:1 (9 States)	8	2	Not Regulated (15 States)

**Note:** “Not Regulated” means that the State does not have requirements for group size.

<sup>1</sup> **Source:** American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care. (2002). *Caring for our children: National health and safety performance standards: Guidelines for out-of-home child care programs, 2nd edition*. Elk Grove Village, IL: American Academy of Pediatrics and Washington, DC: American Public Health Association.

<sup>2</sup> **Source:** Preliminary data from the 2005 Child Care Center Licensing Study by the National Association for Regulatory Administration and the National Child Care Information Center.

# Trends in Infant and Toddler Care

## Research, Policy, and Practice

**R**esearchers and State policy-makers have identified key issues in infant and toddler care that have developed over the past 10 years.

New research on brain development has shown that the infant brain is remarkably active and self-organizing, suggesting that opportunities for self-initiated exploration in a supportive, stimulating environment are more important to cognitive growth than adult-directed teaching. Research also demonstrates that cognitive, social, and emotional development are interdependent. For example, a sensitive, language-rich environment stimulates mental and language development as well as relationships with others. The best developmental outcomes in children are produced within a new framework for early care and education curricula that is responsive, incorporates children's interests and needs, and is based on developing secure relationships.

Young children experience their world as an environment of relationships that shape cognitive, language, emotional, and social development. The responsiveness and reliability of caregivers provide the foundation for learning. Research has shown that continuity of care, fewer children per adult, and smaller group sizes provide the opportunity for meaningful relationships to develop between caregivers and very young children.

Differences in cognition, sociability, and social and self-regulatory capacities can be quite large early in life. Sensitive developmental monitoring in the context of regular health care is essential. Healthy early development is not only a matter of sensitivity and engagement, but also of nutrition, accident prevention, and protection from environmental hazards, controlled substances, viruses, and chronic and severe stress. Early social, emotional, and self-regulatory problems often are associated with broader family stresses and caregivers' emotional states, as well as the child's temperamental vulnerability. Early interventions can be successful and more cost-effective than remedying problems later.

Quality child care programs require a strong infrastructure of policy, funding, planning, and research. Various planning efforts address the systemic foundation of quality. At the same time, the infant and toddler field is developing tools to measure quality care, including objective features



(e.g., group sizes and child-staff ratios) and relational features (e.g., responsive caregivers who engage in developmentally appropriate activities).

The child care field recognizes that quality early care and education provide parents with support so they can work or attend education/training programs and also benefits children's healthy development and school readiness. Significant research shows that investing in early child development has high public as well as private returns and is vital to the development of a skilled workforce.

More than ever before, States are creating policies in response to research findings on the effects of early experiences on brain development in order to encourage positive developmental outcomes for infants and toddlers.

States are developing frameworks for early care and education curricula and professional development by:

- Developing infant and toddler early learning guidelines and voluntary standards;
- Training infant/toddler specialists in the Program for Infant Toddler Caregivers curriculum;
- Working with higher education to create a professional development system that includes infant and toddler caregivers;
- Providing materials, mentoring, and centers of excellence to infant and toddler caregivers;
- Reaching out to provide training to family, friend, and neighbor caregivers; and
- Developing strategies to reach caregivers in rural areas and those with limited English proficiency.

States are using legislation and funding to support healthy relationships by:

- Working on legislation related to ratios and group sizes;
- Using differential rates and tiered reimbursement to increase capacity and improve quality; and
- Offering quality improvement grants to programs that serve infants and toddlers.

States are building strong infrastructures that foster the development of young children by:

- Utilizing partnerships with the American Academy of Pediatrics' Healthy Child Care America and the National Resource Center on Health and Safety in Child Care's standards, *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, 2nd Edition*;
- Forming partnerships between infant and toddler care and early intervention services; and
- Implementing State-funded versions of Early Head Start as a model for comprehensive services and early intervention.

States are working systematically to maximize resources for infants and toddlers by:

- Participating in the National Infant & Toddler Child Care Initiative at ZERO TO THREE;
- Engaging in systemic planning through Maternal and Child Health Comprehensive Planning Grants;
- Leading Better Baby Care Campaigns; and
- Using tools to measure high quality, such as the Infant Toddler Environment Rating Scale-Revised, as well as other tools to measure the interaction between caregivers and babies, such as the Ounce Scale.

There is still work to be done in all areas of the field to improve the quality of care, including creating more appropriate tools to measure development and program quality, understanding and addressing the impact of lower-quality care, and nurturing social and emotional development. Fortunately, the belief that high-quality child care is attainable and essential for all continues to drive the field and improve infant and toddler care.

### Contributors

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- Dr. Ross Thompson, Professor, University of California, Davis
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# Protecting Infants and Toddlers through Immunization

Infants and toddlers are particularly vulnerable to infectious diseases. However, immunizations are one way to help protect this population. Immunizations are among the most successful and cost-effective public health tools available—ensuring infants and toddlers stay healthy.

In order to protect children, especially infants and toddlers who need the most vaccinations, States and Territories have developed programs to increase families' access to immunizations. One way States and Territories increase access is through the Centers for Disease Control and Prevention's Vaccines for Children (VFC) program. Through VFC, State, local, and Territory public health agencies receive publicly purchased vaccines. These vaccines then are given to enrolled medical providers, both public and private, which administer vaccinations to eligible children at no cost to families.

State and Territory health department immunization programs manage the VFC program at State/Territory and local levels, while the National Immunization Program at the Centers for Disease Control and Prevention manages the program at the

national level—overseeing policy development and operations as well as providing technical assistance. However, successful implementation of this program requires close collaboration and participation by a variety of programs and agencies, including the Women, Infants, and Children program and State Children's Health Insurance program. These programs have extensive contact with families whose children may be eligible for the VFC program and are therefore gateways to families' access.

Child care also can play a role in increasing families' access: child care health consultants at State, Territory, and local levels can increase awareness of immunization programs and child care providers can inform parents about program eligibility and access.

For a list of State and Territory immunization program Web sites, visit the Immunization Action Coalition's Web site at [www.immunize.org/states/index.htm](http://www.immunize.org/states/index.htm). For more information about the Vaccines for Children program, visit the Centers for Disease Control and Prevention's Web site at [www.cdc.gov/nip/vfc/default.htm](http://www.cdc.gov/nip/vfc/default.htm).

The following is the 2006 Recommended Childhood and Adolescent Immunization Schedule, which lists the ages for when each vaccine or series of shots is to be given from birth to 18 years.

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

## Recommended Childhood and Adolescent Immunization Schedule UNITED STATES • 2006

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4–6 years	11–12 years	13–14 years	15 years	16–18 years
Hepatitis B <sup>1</sup>		HepB	HepB	HepB <sup>1</sup>		HepB						HepB Series			
Diphtheria, Tetanus, Pertussis <sup>2</sup>			DTaP	DTaP	DTaP			DTaP			DTaP	Tdap	Tdap		
<i>Haemophilus influenzae</i> type b <sup>3</sup>			Hib	Hib	Hib <sup>3</sup>	Hib									
Inactivated Poliovirus			IPV	IPV		IPV				IPV					
Measles, Mumps, Rubella <sup>4</sup>							MMR			MMR			MMR		
Varicella <sup>5</sup>							Varicella					Varicella			
Meningococcal <sup>6</sup>								Vaccines within broken line are for selected populations				MCV4		MCV4	
Pneumococcal <sup>7</sup>			PCV	PCV	PCV	PCV				MPSV4	PCV	PPV			
Influenza <sup>8</sup>						Influenza (Yearly)						Influenza (Yearly)			
Hepatitis A <sup>9</sup>										HepA Series					

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2005, for children through age 18 years. Any dose not administered at the recommended age should be administered at any subsequent visit when indicated and feasible. ■ Indicates age groups that warrant special effort to administer those vaccines not previously administered. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever

any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective ACIP statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, 800-822-7967.

■ Range of recommended ages ■ Catch-up immunization ■ 11–12 year old assessment

# Selected Infant and Toddler Resources

## National Infant & Toddler Child Care Initiative

<http://nccic.acf.hhs.gov/itcc>

## National Child Care Information Center

<http://nccic.acf.hhs.gov>

## Early Head Start National Resource Center

<http://ehsnrc.org>

## Child Care Aware

[www.childcareaware.org](http://www.childcareaware.org)

## Child Care Bureau

[www.acf.hhs.gov/programs/ccb](http://www.acf.hhs.gov/programs/ccb)

## The Back to Sleep Campaign

[www.nichd.nih.gov/sids](http://www.nichd.nih.gov/sids)

## Child and Adult Care Food Program—Infant Feeding

[www.fns.usda.gov/cnd/care/Regs-Policy/InfantMeals/feeding.htm](http://www.fns.usda.gov/cnd/care/Regs-Policy/InfantMeals/feeding.htm)

## Federal research funded by the Head Start Bureau and the Child Care Bureau regarding Early Head Start and infant and toddler child care

[www.mathematica-mpr.com/earlycare](http://www.mathematica-mpr.com/earlycare)

## Infant/Toddler CDA—Council for Professional Recognition

[www.cdacouncil.org](http://www.cdacouncil.org)

## National Early Childhood Technical Assistance Center

[www.nectac.org](http://www.nectac.org)

## National Resource Center for Health and Safety in Child Care and Early Education

[www.nrc.uchsc.edu](http://www.nrc.uchsc.edu)

## Special Supplemental Nutrition Program for Women, Infants, and Children

[www.fns.usda.gov/wic](http://www.fns.usda.gov/wic)

## Parent and Provider Resources

Child Care Aware has developed several resources specifically for parents and providers. The following colorful, easy-to-read brochures are available in both English and Spanish in the Publications section of Child Care Aware's Web site at [www.childcareaware.org/en/tools/pubs](http://www.childcareaware.org/en/tools/pubs).

- *How to Find Quality Child Care in Your Community*
- *Finding Help Paying for Child Care*
- *Matching Your Infant's or Toddler's Style to the Right Child Care Setting*
- *Child Care Resource and Referral in Your Local Community*

For more information, call Child Care Aware at 800-424-2246 or e-mail [info@childcareaware.org](mailto:info@childcareaware.org).

## Child Care & Early Education *Research Connections*

[www.childcareresearch.org](http://www.childcareresearch.org)

With funding from the Child Care Bureau, *Research Connections* provides policy-makers and researchers with an online, searchable collection of original child care research, as well as reviews of research, State data tools, datasets, and statistics. Users can search for specific information about infant and toddler child care.

Look for the new series of research briefs, *Research-to-Policy Connections*, which summarize current research on key topics and discuss implications for policy-makers. The first three briefs in the series review critical issues related to infant and toddler child care:

*Infant and Toddler Child Care Arrangements*  
[www.childcareresearch.org/location/ccrca6871](http://www.childcareresearch.org/location/ccrca6871)

*Infant and Toddler Child Care Quality*  
[www.childcareresearch.org/location/ccrca6872](http://www.childcareresearch.org/location/ccrca6872)

*Impact of Training and Education for Caregivers of Infants and Toddlers*  
[www.childcareresearch.org/location/ccrca6874](http://www.childcareresearch.org/location/ccrca6874)

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**Spring 2006**

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